

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18299

State File No. _____

FILED MAY-21 1957

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Orrick		c. CITY OR TOWN Orrick	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 67 Yrs.		e. STREET ADDRESS (If rural, give location) 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION At the home			

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) E. c. (Last) Dorton		4. DATE OF DEATH (Month) (Day) (Year) May 12 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1863
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Charles Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE J. T. Dorton Deceased	

13a. FATHER'S NAME Henry Chouquette	13b. MOTHER'S MAIDEN NAME Virginia LeMay	14. NAME OF HUSBAND OR WIFE J. T. Dorton Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME H. T. Horton
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS Orrick Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Artery Disease		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1561	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from April 8, 1957, to May 12, 1957, that I last saw the deceased alive on May 12, 1957, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Giffin D. Simmons - D.O.	(Degree or title)	23b. ADDRESS Orrick Mo	23c. DATE SIGNED 5-13-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14, 1957	24c. NAME OF CEMETERY OR CREMATORY South Point	24d. LOCATION (City, town, or county) (State) Orrick Mo

DATE REC'D BY LOCAL REG. 5-13-57	REGISTRAR'S SIGNATURE Helmut Laska	25. FUNERAL DIRECTOR'S SIGNATURE Lead Funeral Home	ADDRESS Orrick Mo
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(Licensed Embalmer's Statement on Reverse Side)

Wilbur M. Gale

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

272

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles J. Tyler

Licensed Embalmer No. *4534*

P. O. Address *Liberty*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**